

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LOUISIANA ACADEMY OF MEDICAL PSYCHOLOGISTS PAC 740 Colonial Drive Baton Rouge, LA 70806 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/14/2016</div>	Report Number: 55999 Date Filed: 1/14/2016									
	3. Estimated Membership <div style="text-align: center;">65</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>DR. GLENN ALLY, PHD MP</td> <td>Chairperson</td> <td>155 Hospital Drive Ste. 200 Lafayette, LA 70503</td> </tr> <tr> <td>DR. PAUL DAMMERS</td> <td>Treasurer</td> <td>10101 Park Rowe Avenue Ste. 200 Baton Rouge, LA 70810</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	DR. GLENN ALLY, PHD MP	Chairperson	155 Hospital Drive Ste. 200 Lafayette, LA 70503	DR. PAUL DAMMERS	Treasurer	10101 Park Rowe Avenue Ste. 200 Baton Rouge, LA 70810
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6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small>											
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)											
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <u>X</u> Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. a. Name of Person Preparing Report GAY COURSON b. Daytime Telephone (225)346-6900											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>14th</u> day of <u>January</u> , <u>2016</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Glenn Ally PhD MP</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Paul Dammers</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>											

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

LOUISIANA ACADEMY OF
MEDICAL PSYCHOLOGISTS

740 Colonial Drive
Baton Rouge, LA 70806

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

CHASE BANK

Baton Rouge, LA 70802